

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044184

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

6294

FILED DEC - 2 1963

VS 300
Rev. 4/591
2 3 688

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4 1

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9 174 X

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12 60-2

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

G. Stephens MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in lb 50 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LAKESIDE		d. STREET ADDRESS (If outside, give location) 109 WEST 39 STREET	
3. NAME OF DECEASED (Type or print) First ADDIE Middle W. Last PACK		4. DATE OF DEATH Month NOVEMBER Day 19, Year 1963	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-15-04
9. AGE (last birthday) 59 years		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	
11. BIRTHPLACE (City and state or country) NASHVILLE, TENN.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME WILLIAM NOWLIN ELDER		13b. MOTHER'S MAIDEN NAME CORA ANN MARSHALL	
14. NAME OF HUSBAND OR WIFE DEE PACK		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)	
16. SOCIAL SECURITY NO. 76		17. INFORMANT DEE PACK, KANSAS CITY, MO.	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Carcinomatosis DUE TO (b) Primary Carcinoma of Uterus DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 6 mo. 18 mo.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Leukemia		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 6-22-63 to 11-18-63 and last saw her alive on 11-18-63 Death occurred at 12:23 A.M., 12:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22. DATE SIGNED 11-19-63	
22a. SIGNATURE (Degree or title) G. Stephens, D.O.		22b. ADDRESS 3-E-39 St. Kansas City, MO.	
22c. DATE SIGNED 11-19-63		22d. NAME OF CEMETERY OR CREMATORY FOREST HILL	
22e. LOCATION (City, town, or county) KANSAS CITY, MO.		22f. REGISTRAR'S SIGNATURE Bessie Smith	
23a. FUNERAL DIRECTOR WAGNER FUNERAL HOME, K.C.MO.		23b. DATE RECD. BY LOCAL REG. 11-19-63	
23c. NAME OF CEMETERY OR CREMATORY FOREST HILL		23d. LOCATION (City, town, or county) KANSAS CITY, MO.	
23e. DATE 11-21-1963		23f. REGISTRAR'S SIGNATURE Bessie Smith	

USE BLACK INK
OR
TYPEWRITER RIBBON

RECEIVED
JAN 1 1945

Dr. Chas. Stephens
Working 13145
39 + 13145
1-1-45

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

on ~~by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Jack T. Moore

Licensed Embalmer No. 4727

P. O. Address Trinidad, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.